



06-27-05

2193

PTO/SB/21 (09-04)

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

1

Application Number

09/687,157

Filing Date

October 12, 2000

First Named Inventor

Sie, John J. et al.

Art Unit

2193

Examiner Name

Anil Khatri

Attorney Docket Number

19281-000800

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Return Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<b>Remarks</b> The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	No fee transmittal is attached as this Amendment is being timely filed with 20 total claims having previously paid for 20 total claims and 3 independent claims having previously paid for 3 independent claims.	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

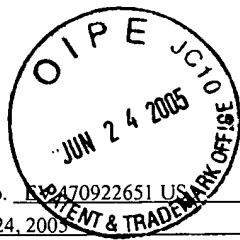
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	William J. Daley		
Date	June 24, 2005	Reg. No.	52,471

**CERTIFICATE OF TRANSMISSION/MAILING**

Express Mail Label: EV 470922651 US

I hereby certify that this correspondence is being deposited with the United States Postal Service with "Express Mail Post Office to Address" service under 37 CFR 1.10 on this date June 24, 2005 and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or printed name	Sara B. McPeak	Date	June 24, 2005



"Express Mail" Label No. EP470922651 US  
Date of Deposit: June 24, 2005

PATENT

Attorney Docket No.: 19281-000800

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TOWNSEND and TOWNSEND and CREW LLP

By: Sara B. McPeak

Sara B. McPeak

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

John J. Sie et al.

Application No.: 09/687,157

Filed: October 12, 2000

For: LOCAL STORAGE OF PROGRAMS

Customer No.: 20350

Confirmation No. 8624

Examiner: Khatri, Anil

Technology Center/Art Unit: 2193

**AMENDMENT**

**MAIL STOP: Amendment**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed March 29, 2005, please enter the following amendments and remarks:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 7 of this paper.